For	m 99	90		rganization Exempt				OMB No. 1545-0047
Dop	admont of the	a Transury	Do not enter soc	lal security numbers on this form	n as it may be	made public.	,	Open to Public
Inter	ariment of the nat Revenue	Service		.gov/Form990 for instructions an				Inspection
<u>A</u>	For the 2		vear, or tax year beginning 0	//01/22 , and ending	06/30/2	<u>(3</u>	D Employee	identification number
	Check If appli Address char	icabie.	forgenization	RESCUE MISSION INC	2			
Π	Name change		isluess as			Determine	23-60 E Telephone	05983
H	Initia) retum	Number	and street (or P.O. box if mail is not delivere HAMILTON STREET	d to street acdress)		Room/sulle		40-5500
i	Final return	1	own, state or province, country, and ZIP or for	preign postal code				
	terminated	ALLE	NTOWN	PA 18101			G Gross rece	ipts\$ 4,215,836
	Amended reli		id address of principal officer:					
$\square$	Application p	ending STU	ART SMITH			H(a) Is this a gro	yop return for su	bordinates? Yes X No
<b>F</b> yermennet						H(b) Are all sub	ordinales Inclu	ded? Yes No
						lf "No,"	' atlach a list, S	see instructions
1	Tax-exempt	status; X t	i01(c)(3) 501(c) ( ) (inse	ont no.) 4947(a)(1) or	627			
	Website:		LENTOWNRESCUEMIS			H(c) Group exe	mplion number	
	Form of orga	famil	······································	Olher	L Y	ear of formation: 1	900	M State of legal domidie: PA
	art ]	Summary	<u> </u>		·····			
<u>_</u>			organization's mission or most	significant activities:				ξ
Governance	1	reaching,	o organization's mission or most SSISTANCE FOR THE NI COUNSELING					<b>T</b> ,
ĝ			if the organization discontinued					c
2			nembers of the governing body (F					<u>6</u> 6
Activities			dent voting members of the gove					105
Ę			lividuals employed in calendar ye					300
Ac			lunteers (estimate if necessary)					<u> </u>
			iness revenue from Part VIII, coli					0
	b Net	unrelated busin	ess taxable income from Form 9	90-T, Part I, line 11	<u></u>	Prior Yea	.   7b	Current Year
		atributions and a	ropte (Port )/III line (b)		-	2,627		3,166,499
an			grants (Part VIII, line 1h)				5,190	996,668
Revenue	9 Pro	grain service re	venue (Part VIII, line 2g) (Part VIII, column (A), lines 3, 4,	and 7d)			141	2,702
Re			t VIII, column (A), lines 5, 6d, 8c,				147	26,397
	1		d lines 8 through 11 (must equal			3,485		4,192,266
,			amounts paid (Part IX, column (A				./	
						<u></u>		Ō
			for members (Part IX, column (A) ipensation, employee benefits (Pa			1,793	223	1,972,189
ses								0
Expenses	h Tot	al fundrololog ov	Ising fees (Part IX, column (A), li openses (Part IX, column (D), line	459.6	37			
Ц Ш		a unuraising ex	art IX, column (A), lines 11a-11d	116-240		1,254	.088	1,322,876
			d lines 13-17 (must equal Part I)			3,047	.311	3,295,065
		•	nses. Subtract line 18 from line 1				3,029	897,201
58		renue less exhe		<u></u>		Beginning of Cur		End of Year
Net Assets or Fund Balances	20 Tota	al assets (Part )	(, line 16)		<b>[</b>	4,775		3,683,348
Sea E	21 Tota	al liabilities (Parl				352	2,758	<u>341,787</u>
and Res	22 Net		balances. Subtract line 21 from li			4,422	2,945	3,341,561
_	art II	Signature						
U	nder penalti	les of periury. de	clare that I have examined this return claration of preparer (other than offic	n, Including accompanying schedule er) is based on all information of w	es and statemer hich preparer h	nts, and to the be as any knowledg	st of my kno e.	wledge and bellef, it is
		-	Hand	<del>9-C1</del>		·····		-1) 2024
Sig	ุก ไซ	Ignalure of officer	-0 -0				Date	/
Hei		TUART S	MITH	VICE	PRESI	DENT		
_		ype or print name and	d Ille					
	Pr	rinVType proparer's r	ame	Preparer's signature	Sta COD O	Date	Check	f PTIN
Paic	a Da	VID J. MARA	KOVITS	Davíd J. Marakov	ms, CPA	05/15/	24 self-empl	
	parer Fi	rm'e name	BUCKNO LISICKY	& COMPANY, P.C	•	FI	m's ElN	23-2426656
Use	Only		645 HAMILTON S	r suite 204				
	គ	nn's address	ALLENTOWN, PA	18101		P	hone no.	610-821-8580
	the IRS of	discuss this retu	im with the preparer shown above		<u></u>			
			Notice, see the separate instruction					Form 990 (2022)

For Paperwork Reduction Act Notice, see the separate Instructions.

;

Form 990 (2022)         ALLENTOWN         RESCUE         MISSION         INC         23-6005983           Part III         Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         1           Briefly describe the organization's mission:         1         Briefly describe the organization's mission:         1	X
1 Bdefly describe the organization's mission:	
THE THE PRESENCE AND DECEMPANY HOD WINT THE ODICTO	, <b></b>
	• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🔀 No
<ul><li>If "Yes," describe these new services on Schedule O.</li><li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>	Yes 🔀 No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code: ) (Expenses \$ 861,028 including grants of \$ ) (Revenue \$ CLEAN TEAM WORKFORCE DEVELOPMENT - AN INNNOVATIVE PROJECT OF THE RESCUE MISSION, EMPLOYING MEN WHO ARE WORKING THEIR WAY OUT OF HOMELESSNESS.	ALLENTOWN
CLEAN TEAM WORKFORCE DEVELOPMENT IS A TRAINING PROGRAM, TEACHING TRANSFERRABLE WOKRPLACE SKILLS, SUCH AS: PROMPTNESS, SAFETY, ATTENTIVESNESS, COOPERATION AND PRODUCTIVITY. THE GOAL FOR EACH IS MORE THAN GETTING A JOB; IT'S TO BE A SOLID ENTRY LEVEL WORKE	PARTICIPAN
VALUED EMPLOYEE.	. ,
	· · · · · · · · · · · · · · · · · · ·
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PROGRAMS AT THE MISSION AND IS OFTEN THE ENTRY-POINT INTO OUT LC PROGRAMS. EMERGENCY SHELTER RECEIVEDS CLIENTS-LITERALLY-OFF THE HAVE EXHAUSTED ALL SUPPORT AND TYPICALLY HAVE MULTIPLE AND LONG-	STREET, WHO
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· · · · · · · · · · · · · · · · · · ·	
4c (Code: ) (Expenses \$ 359,292 including grants of \$ ) (Revenue \$ CHRISTIAN LVING TRANSITIONAL PROGRAM - A CHRIST-CENTERED, RESIDE PROGRAM FOR THE RESTORATION OF HOMELESS MEN TO GOD AND THE COMMU PROGRAM OFFERS THE GOOD NEWS ABOUT JESUS CHRIST AND SPIRITUAL GR OPPORTUNITIES, TRANSITIONAL HOUSING AND HOUSING ASSISTANCE, MEAL	INITY. THE OWTH
	PROVIDERS
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• • • • • • • • • • • • • • • • • • • •	
	***********************
·	
4d Other program services (Describe on Schedule O.)         (Expenses \$ 348,865 including grants of \$ ) (Revenue \$	)
4e Total program service expenses 2,219,753	

Form 990 (2022) ALLENTOWN RESCUE MISSION INC Part IV Checklist of Required Schedules

23-6005983

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	second to Detend to A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See Instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(6), or 601(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		х	
	debt negotlation services? If "Yes," complete Schedule D, Part IV	9	<u>^</u>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<b>^</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.		• •••	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
_	complete Schedule D, Part VI	- 114		
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	- 110		
G	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11c		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d	х	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			·····
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI and XII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
'n	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See Instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	l .	***	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>^</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
<b></b>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	

Form 990 (2022)

23-6005983

Page 4

## Form 990 (2022) ALLENTOWN RESCUE MISSION INC Part IV Checklist of Required Schedules (continued)

		·	Yes	<u>No</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	0.0		x
	employees? If "Yes," complete Schedule J	23	· · · · · · · · · · · · · · · · · · ·	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		42
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	440		<b> </b>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		·	
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
6	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		220 H	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	3.7	<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>_</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
	complete Schedule N, Part II	- 24		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34	Х	
05-	or IV, and Part V, line 1	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
40	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check If Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	26.35		996§
	reportable gaming (gambling) winnings to prize winners?	10	X	l

Form 990 (2022)

Part V         Statements Regarding Other IRS Filings and Tax Compliance (confluence)         Yes         No.           2a Batements, field for the calendar year anding with or within the year oxymet by the radum         2a         105         2b         X           3a Batements, field for the calendar year anding with or within the year oxymet by the radum         2a         105         2b         X           3a Difference in the calendar year anding with or within the year oxymet by the radum         3a         X         X           3b Difference in the oxymetoxymetox in the cale of the oxymetoxymetox in the cale of the oxymetox of the second with a count, recount, recount, recount, recount is a conflow or or their antichety over, a more all and part of the oxymetox for the cale oxyme	Form	990 (2022) ALLENTOWN RESCUE MISSION INC 23-6005983		q	age 5
a totic the number of employees reported on Form W4, Transmitted of Wage and Tax         a         105           if if it coals one in exported on the 2a, did the cagarization file at required feetad encloyment tax returns?         2b         X           a Did the cognitization have method bulknuss gives come of \$1,000 or man duking the year?         3a         X           b Ti Yea, "that filed a Form 360-T for this year?         3b         X           b Ti Yea, "that filed a Form 360-T for this year?         3b         X           b Ti Yea, "that filed a Form 360-T for this year?         3b         X           b Ti Yea, "that filed a Form 360-T for this year?         3b         X           b Ti Yea, "that filed a Form 360-T for this year?         3c         X           b Ti Yea, "that filed a Form 360-T for this year?         3c         X           b Wo the cognitization a setty to a prohibit of the oblight formacion at any to a prohibit of the oblight formacion any term of the oblight formacion any term of the cognitization for the theorem of the oblight formacion any term oblight or theorem obl		art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
Statements, find for the calendar year end/set of part of the set of the se					
If a fit best one is negated on the 2a, dd line cognitization (the all required decisit encloyment tax return?       2b       2b       2b       3b       3b         If the cognitization have methods business genes and come during the year?       3b       3b       3b         If the cognitization have methods busines genes and the const during the year?       3b       3b       3b         If the cognitization have methods the constitution of the subtrol for constitution wave, in francial account/?       4a       X         If the cognitization have method the constitution have methods and the constitution of the subtrol for constitution wave, in francial account/?       4a       X         If the cognitization have method to also built tax subtrol for constitution for the subtrol for constitution of the subtrol for constitution of the cognitization have methods and built tax subtrol for constitution for the subtrol for constitution for the subtrol for constitution of the constitution for the subtrol for constitution for the subtrol for constitution and party to a constitution and party for c					
3a       Did the organization have unrelated business gross income of \$1,000 or main adming the year?       3a       X         4a       Aury time during the coleradar year, did the organization haves in low a signature or other authority over, and a structure outry (out are a bank account, dides an exploration on Schedublo O	ь		2b	Х	
b       The set, "tase II field a form 600-T for this year/ If Mo'to Bin 80, provide an explanation on Schedule O       3b         at A any time there the mane of the forms (weight or during the set), or a diplation or other stationard account);       4a       X         b       If "set," relate the mane of the forgin country, fourth are a bank account, socialities account, are during the taxy year?       5a       X         b       Did any toxed party notify the exploration that X was or is a party to a problem of the same after the same of the exploration that X was or is a party to a problem of the same after the same of the exploration that X was or is a party to a problem of the same the same after the same of the exploration that X was or is a party to a problem of the same same the same after the exploration that X was or is a party to a problem of the same tensor of the exploration that X was or is a party to a problem of the same of the tensor of t	_		3a		X
4a       A any time during the calendar your, did the organization haves in the adiptative or other subtrolly over, and the organization country (such as been kencount, accurites account) or other financial account)?       4a       X         b       M*res, "enter the name of the foragin country (such are been kencount, accurites account, or other financial account)?       5s       X         b       M*res the name of the foragin country       5s       X         b       M*res the name of the foragin country       5s       X         b       M*res the last acts did, and the organization fin Fire medled.       5s       X         b       M*res the last acts did, and the organization fin Fire medled.       5s       X         b       Did any toxetion tax deductible controlling organization financial sequencial seque			3b		
a francial account in a fordign country output as a bank account, would fee account, or other financial account()?     4a     X       b ff **es_* inter the manu of the fordign country     5a     X       b Wos the organization particle of the provide that transaction a law yread?     5a     X       b Di any bacete party though the organization that R was or is a party to a prohibited tax shaulter transaction at the way write?     5b     X       b Di any bacete party though the organization that R was or is a party to a prohibited tax shaulter transaction accontinutions?     6a     X       b ff **es_* if all the organization is post meals that are normally greater than \$100,000, and dd the organization realizes that are normally greater than \$100,000, and dd the organization realizes any post-than the organization realizes at the org					
b       17 ************************************	74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
See Instructions for flips regularements for FINCEN Form 114, Report of ForQing Bank and Financial Accounts (FARQ),         Set           is Was the organization party to a prohibilit at the best variable party in the transaction?         5a         X           is Data my taxable party notify the organization that it was or is a party to a prohibilit at an onromity greater than \$100,000, and did the organization that end work that and contributions or gifts ware not bax deductible at an onromity greater than \$100,000, and did the organization that was not bax deductible as challed contributions or gifts ware not bax deductible contributions may are solved provided to the party or on the deductible contributions and are solved as provided to the party or on the deductible contributions and are solved as provided to the party or on the deductible contributions and are solved as provided to the party or on the deductible contributions and are solved as provided to the party or on the deductible contributions and are solved as provided to the party or on the deductible contributions and are solved as provided to the party or on the deductible contributions and are solved as provided to the party or on the deductible contributions and are solved provided to the party or on the deductible contribution or parts on a parsonal benefit contract?         7a           if "Yes," indicate the number of Form 8222 lied duing the year (party or parsation frage are year provided to the party or on the deductible contract.         7a         7a           if the organization needer as contribution or quints, indep are year provided to maintain and contract.         7a         7a           if "Yes," indicate the number of Form 8222 lied duing the year (party party party party party party party party party party	h	16 (C. C. B. and a standard and the foundary many line			
60         Was the organization a party to a prohibited tax whether transaction at any time during the tax yow?         5a         X           c         If "Yes" to line 5a or 55, did the organization tilk twos or 1a party to a prohibited tax scheder transaction?         5a         X           c         If "Yes" to line 5a or 55, did the organization tilk twos or 1a party to a prohibited tax scheder transaction?         5a         X           c         If "Yes" to line 5a or 55, did the organization include with every solicition an express statement that such contributions or gills were not tax deductible contributions and express statement that such contributions or gills were not tax deductible contributions under exciton 170(c).         6a         X           7         Organization situat may receive diductible contributions under exciton 170(c).         7a         7a           10         The "s," did the organization notify the donor of the value of the goods or services provided?         7a         7a           11         The "s," did the organization notify the donor of the value of he goods or services provided?         7a         7a           11         The "s," did the organization notify the donor of the value of he goods or services provided?         7a         7a           11         The "s," did the organization notify the donor of the value of he form 58282?         7a         7a         7a           11         The "s," did the organization notify the donor of the value of value of value v	ц	Son lostructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).			
b Dtd are provided by any notify the organization that it was one is a party to a prohibiled tax shelter transaction?     5b X       c 11 'Yes' to line 5 ar of 5b, dtf the organization the Form 888-17     5c X       c 20 Cost the organization the and provide that are normally greater than \$100,000, and did the organization the organization thacked with every solicitation an express statement that such contributions or gifts were not tox deductible ontributions under societon 170(c).     6c X       11 'Yes', 'field the organization the any none to tax deductible as charitable contributions or gifts were not tox deductible ontributions under societon 170(c).     7a       12 'Yes', 'field the organization neuroper solicitation and party for goods and services provided?     7a       7a     7a       7b 'Tes', 'field the organization neuroper on theory that, they are party index (they are also of the form 8222) field during the year     7d       7a     7a     7a	50	Were the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
c If "Yes" to line 5e or 5b, ddl the organization file Form 1888-77     56       6a Does the organization namal gross receives hundle promotely groater than \$100,000, and ddl the organization include with every solicitation an express silterment that such contributions or glifts were not tax deductible contributions (model)     6a     X       7 Organizations that may resolve dataticible contributions under election 170(c).     6b     5b       9 If "Yes," did the organization nodely the donor of the value of the good or services provided?     7a       0 If the organization nodely the donor of the value of the good or services provided?     7a       1 If "Yes," indicate the number of Forms 8282 field during the year     12d       1 If "Yes," indicate the number of Forms 8282 field during the year     12d       1 If the organization receives any funds, dheckly or indirectly, to pay premtums on a parsonal beneft contract?     7f       1 If the organization receive any funds, dheckly or indirectly, to pay premtums on a parsonal beneft contract?     7f       1 If the organization receives any funds, dheckly or indirectly, to pay premtums on a parsonal beneft contract?     7f       1 If the organization receives a contribution of each ordinate funds, or otherwale, did the organization field endor of the value of the form 6000 are received.     7f       1 If the organization receives any funds, dheckly or indirectly, to pay premtums on a parsonal beneft contract?     7f       1 If the organization received a contribution of each obta, splanee, or the value of the form 6000 are received.     7f <t< th=""><td></td><td></td><td>5b</td><td></td><td></td></t<>			5b		
Ga         Does the organization have annual gross receipts that two normally groster time \$100,000, and did the organization reclicit any contributions that were not tax deductibles as charatable contributions or gifts were not tax deductible were y solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).         Ga         Solit the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?         Tes			5c		
organization solid any contributions that were not tax deductible as charabele contributions?     63     X       b     If "Yes," diff the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     63       7     Organizations that may receive deductible contributions under section 170(c).     64       8     11 "Yes," diff the organization network a payment in access of 375 made payet was a contribution and parity for goods and sorvices provided to the payor?     74       6     11 "Yes," diff the organization network a payment in access of 375 made payet was a contribution of any activity of which It was required to file from 8227.     70       7     11 "Yes," indicate the number of Forms 8222 filed during the year     [74]       7     12 the organization receives any fund, directly or indirectly, to pay promume on a parsonal benefit contract?     77       7     14 if the organization receives a contribution of qualified intellectual property, did the organization file Form 8209 as required?     71       7     14 if the organization receives a contribution of care, boots, apitpanes, or other values, did the organization file Form 8000 as required?     76       8     50     50     50     50       9     50     50     50     50       9     50     50     50     50     50       9     50     50     50     50     50       9 <td< th=""><td>_</td><td></td><td></td><td></td><td></td></td<>	_				
b       If "Yes," field the organization include with every solicitation an express statement that such contributions or gifts were not bax dedutible?       66         C       Organization statu my rearieve deductible contributions under section 170(c).       76         D       Did the organization reactive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         D       If "Yes," did the organization andly the donor of the value of the goods or services provided?       7a         D       If the organization set, exchange, or otherwise dispose of tangbie personal property for which it was required to the Form 8222?       7c         D       If the organization reactive any funds, discutly or indirectly, to pay premiums on a parsonal bonefit contract?       7d         If the organization reactive any funds, discutly or indirectly, to pay premiums on a parsonal bonefit contract?       7d         If the organization reactive accentribution of qualified intellectual property, did the organization file as promoting organization meany excess business on bolding at any time during the year?       7d         If the organization meany excess business beldings at any time during the year?       7d       7d         If the organization meany excess business beldings at any time during the year?       7d       7d         If the organization meany excess business belding at any time during the year?       7d       7d         Section 501(c)(27) organizations. Enter:<	va		6a		X
gifts were not bas deductible?     66       7     Organizations that may receive deductible contributions under section 170(c).     70       8     Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods     7a       9     Dif 'be organization notify the donor of the value of the goods or services provided?     7a       0     Dif the organization notify the donor of the value of the goods or services provided?     7a       0     Dif the organization notify the donor of the value of the goods or services provided?     7a       0     Dif the organization notify the donor of the value of the goods or services provided?     7c       17     Dif the organization notify the donor of the value of the goods or services provided?     7c       10     Did the organization notify the donor of the value of influencity, to pay prentimes on a parsonal benefit contract?     7c       17     Did the organization measive a contribution of cars, boats, eliptines, or other vehicles, did the organization file a Form 1008-C?     7d       18     The organization measive a contribution of cars, boats, eliptines, or other vehicles, did the organization file a Form 1008-C?     7d       19     Sponsorting organization maintaining door advised funds, Did a donor advised funds, Did a donor advised funds, Did a donor, donar adviser, or teleted parson?     9a       10     Soction 601(c)(2) organizations. Enter:     10a     10a       11     Soction 601(c)(2) o	Ь	If "Yes" did the exact any consider with every solicitation an express statement that such contributions or			
Or Organization flat may realive datuctible contributions under section 170(c).       Procession flat may realive datuctible contributions under section 170(c).         D Organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided of the payor?       7a         D If "Yes," field the organization nolify the donor of the value of the goods or services provided?       7b         D If the organization nolify the donor of the value of the goods or services provided?       7c         D If the organization nolify the donor of the value of the goods or services provided?       7c         D If the organization nolify the donor of the value of the goods or services provided?       7c         D If the organization neekved a contribution of payling the year pay promums, directly or indiroly, on a personal benefit contract?       7c         T If the organization neekved a contribution of qualified Intelectual property, do the organization file a Form 1098 error 1098 erro	D	sites were not tax deductible?	6b		
a Did he organization receive a payment h excess of \$75 made partly as a contribution and partly for goods       7a         and services provided to the payor?       7b         b If "Yee," did the organization nolly the donor of the value of the goods or services provided?       7b         c Did the organization nolly the donor of the value of the goods or services provided?       7c         d If "Yee," Indicate the number of Forms 8282 filed during the year       Zd I         e Did the organization matching the year pay promitions directly or indirectly, to pay promitions on a parsonal benefit contract?       7f         g If the organization during the year, pay promitions, directly or indirectly, or a parsonal benefit contract?       7f         g If the organization matching during the year pay promitions, directly or indirectly, or a parsonal benefit contract?       7f         g If the organization matching during the year pay the promitions, directly or indirectly or exploration file Form 8080 as required?       7g         g If the organization matching dorn of qualified intellectual property, did the organization file Form 8080 as required?       7h         g Sponsorting organization maintaining dorner advised funds.       8d         g Did the sponsoring organization make any texable distributions under actives of related parson?       9a         g Did the sponsoring organization make any texable distributions under actives of the sources.       11a         g Fores incorne from members or shareholders       11a	7				
and services provided to the payor?     7a       b     If "Yes," did the organization nolify the donor of the value of the goods or services provided?     7b       c     Did the organization nolify the donor of the value of the goods or services provided?     7c       d     If "Yes," indicates the number of Forms 8222 field during the year     7d       d     Did the organization receive any funds, directly or indirectly, to pay premiums on a parsonal banefit contract?     7c       d     Did the organization received a contribution of qualified intelectual property (di the organization file Form 8292 are required?)     7f       d     If the organization received a contribution of qualified intelectual property (di the organization file Form 8290 are required?)     7f       d     If the organization received a contribution of qualified intelectual property (di the organization file Form 8290 are required?)     7f       d     If the organization have excess business holdings at my time during the year?     8       sponsoring organization nave excess business holdings at my time during the year?     9a       d     Did the sponsoring organization make and bistributions under section 49867     9a       d     Did the sponsoring organization make a distribution to a donor, donor advised fund spin     10b       d     Section 501(c)(12) organizations. Enter:     10a       d     Gross income from tembers or shareholders     11a       d     Section 501(c)(2)(2) orga					
bit Y 4%; did the organization nolly the donor of the value of the goods or services provided?     7b       c) bit the organization nall, exchange, or otherwise dispose of tangible personal property for which it was     7c       d) if Y6%; indicate the number of Forms 8282 filed during the year     [7d]       d) the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       g) the organization receive any funds, directly or indirectly or indirectly or a personal benefit contract?     7f       g) the organization receive a contribution of qualified intellectual property, did the organization file Form 8282.     7g       g) Sponsoring organization maintaining donor advised funds.     8d of the sponsoring organization maintaining donor advised funds.     8d       g) Sponsoring organization maintaining donor advised funds.     8d     8d       g) Did the sponsoring organization maintaining donor advised funds.     9d     9d       g) Did the sponsoring organization maintaining donor advised funds.     9d     9d       g) Station 564: (c)(2) or organization.     9d     9d       g) Section 504: (c)(2) or organization.     9d other sources     11a       g) Section 504: (c)(2) organization.     9d other sources     11a       g) Section 504: (c)(2) organization.     10d other sources     11a       g) Section 504: (c)(2) organization.     12d     12a       g) Section 504: (c)(2) organization.     12d	а		7a		
c       Did the organization sall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827	L	and services provided to the payor r			
required to file Form 8282?     7c     7c       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d       7d     7d       7d		If Yes, did the organization houry the donor of the value of the goods of services provided the strength for which it was			
dt "Yes," indicate the number of Forms 8282 field during the year       Td         dt If "Yes," indicate the number of Forms 8282 field during the year       Td         dt If du organization receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?       Td         f Ubt du organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7       Th         f If the organization neceived a contribution of qualified intellectual property, did the organization file Form 1098-C7       Th         g Sponsoring organization neceived a contribution of qualified intellectual property, did the organization file Form 1098-C7       Th         g Sponsoring organization make ave taxable distributions under socian 49867       9a         g Did the sponsoring organization make any taxable distributions under socian 49867       9a         g Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a         g Gross income from members or shareholders       11a       10b         g Gross income from onther sources.       11a       11a         g Gross income from onther sources.       11a       11a         g Gross income from members or shareholders       11a       11a         g Gross income from onther sources.<	C		70		
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f         g by the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         g Sponsoring organization make any taxable distributions under section 4986?       8         g Did the sponsoring organizations maintaining donor advised funds.       9a         g Did the sponsoring organizations make any taxable distributions under section 4986?       9a         g Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         g Gross income from members or shareholders       11a         g Gross income from members or shareholders       11a         g Gross income for molmers or shareholders       11a         g f * yes, * neitr the amount of tax-exempt interest received or accrued during the year       12b         128       Section 601(c)(32) qualified nonprofit health insurance issuers.       11a         128       Is the organization license to organization more report on Schedule O.       13a	н.			sesser.	···· /:
f       Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract?       71         g       if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         7g       b       if the organization received a contribution of ears, boats, aiplanes, or other vehicles, did the organization file a Form 1088-C?       7g         8       Sponsoring organizations maintaining doon advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under socilon 4966?       8a         9       Up the sponsoring organization make any taxable distributions under socilon 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 601(c)(2) organizations. Enter:       11a         12       Gross income from membors or shareholders       11a         13       Section 601(c)(2) organizations. Enter:       11b         13       Section 601(c)(2) qualitation insuration is a corrued during the year?       12a         14       Yeas; enter the amount of tax-exempt Interest received or accrued during the year       12b         15       Section 601(c)(2) qualitation information the organization filing Form 880 in lieu of Form 1041?       12a         15		In too, indicate the name of the name of the second and the second	70		
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g         a Sponsoring organization make access business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 49667       9a         9 Did the sponsoring organizations maintaining donor advised funds.       9a         10 Section 501(c)(7) organizations. Enter:       10a         11 Section 501(c)(7) organizations. Enter:       10a         12 Gross income from other sources. (Do not net amounts due or paid to other sources       11a         12 Section 501(c)(12) organization linetwork or advised or accured during the year.       12b         12 Section 501(c)(12) organizations. Enter:       10a         13 Gross income from other sources. (Do not net amounts due or paid to other sources       11b         12 Section 501(c)(2) organization lineters treestree dord or accrued during the year.       12b         12 Section 501(c)(2) organization interest received or accrue during the year.       12b         12a       11b       12a         12a       12b       12a         12a       12b       12a         12a       12b       12a					*****
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a         10       Gross receipts, included on Form 900, Part VIII, line 12       10a         10       Section 607(c)(12) organizations. Enter:       11a         a       Gross income from other sources. (Do not net amounts due or padto other sources against amounts due or received from them.)       11b         12a       Section 607(c)(12) organizations. Enter:       11a       11b         a       Gross income from other sources. (Do not net amounts due or padto other sources against amounts due or received from them.)       11b       12a         12a       Section 607(c)(12) organization file totts. Is the organization file form 1041?       12a       12a         12b       Section 607(c)(20)       Section 606(c)(20)       13a       13a         12b       Section 607(c)(20)       Section 606(c) (20		Up the organization, during the year, pay premiums, one day or indirectly, on a personal behavior and the organization file Form 8899 as required?			
8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization have excess business holdings at any time during the year?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a         a       Gross income from members or shareholders       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         123       Section 501(c)(29) qualified nonprofit health insurance issuera.       12b       13a       13a         134       Section 501(c)(29) qualified health plans in more fina one state?       13a       13a       13a         14a       X       13a       13a       13a       13a       13a       13a       13a       13a </th <td></td> <td>It the organization received a contribution of gran horte, diplones, or other vehicles, did the organization file a Form 1098-C2</td> <td>1</td> <td></td> <td></td>		It the organization received a contribution of gran horte, diplones, or other vehicles, did the organization file a Form 1098-C2	1		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 49667       9a         10       Section 501(c)(7) organizations make any taxable distributions under section 49667       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 601(c)(12) organizations. Enter:       10a       10b       10b         12       Section 601(c)(12) organizations. Enter:       11a       10b       10b         13       Section 601(c)(12) organizations. Enter:       11a       11b       12a         13       Section 601(c)(12) organizations. Enter:       11a       12a       12a         14       Section 601(c)(12) organizations. Enter:       11b       12a       12a         15       Section 601(c)(12) organizations. Enter:       11b       12a       12a         15       Section 601(c)(20) qualified nonprofit health insurance issuers.       11b       12a       12a         16       M'Yes," enter the amount of tax-exempt Interest received or accrued during the year       12b       13a         17       Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         16				5. S. S.	<u></u>
By points of granization is maintaining donor advised funds.         By points of granization make any taxable distributions under section 49667.         b) bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?         By points of the sponsoring organization make a distribution to a donor, donor advisor, or related person?         By points of the sponsoring organization make a distribution to a donor, donor advisor, or related person?         By points of the sponsoring organization make any taxable distributions under section 49667.         By points of the sponsoring organization make a distribution to a donor, donor advisor, or related person?         By points of the sponsoring organization make a distribution to a donor, donor advisor, or related person?         By points of the sponsoring organization make any taxable distributions included on Pert VIII, line 12.         Initiation fees and capital contributions included on Pert VIII, line 12.         If organization members or stareholders         If a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).         Ital         If a Section 501(c)(29) qualified nonprofit health insurance issuers.         If "Yes," enter the amount of tax-exempt interest received or accrued during the year         Its be organization is locansed to issue qualified health plans         If the organization is locansed to issue qualified health plans         If the organization receive any paymen	Ø		8		
a       Did the sponsoring organization make any taxable distributions under sociton 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(20) qualified nonprofit health insurance issuers.       11a         13       Section 501(c)(20) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(20) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         b       Fryes, 'neat the amount of reserves on hand       13a         c       Enter the amount of reserves on hand       13a         c       Enter the amount of reserves on hand       13a         c       Enter the amount of reserves on hand       13a         c <td>6</td> <td></td> <td></td> <td>13 M</td> <td></td>	6			13 M	
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a         12       Section 501(c)(12) organizations. Enter:       11a       11b         13       Gross income from members or shareholders       11b       11b         14       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         14       If Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(28) qualified nonprofit health insurance issuers.       13b       13a         14       Is the organization licensed to issue qualified health plans in more than one stata?       13a       13a         14       Did the organization receive any payments for indoor tanning services during the taxy sea?       14a       X         14       Did the organization receive any payments? If "No." provide an explanation on Schedule O       14b       15         14       Did the organization subject to the section 4960 tax on payment(s) of more			9a		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Pert VIII, line 12, for public use of club facilities       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       11b         b       Gross income from members or shareholders       11b       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nealth plans in more finan one state?       12b       13a       13a         14       Di cher the amount of reserves the organization must report on Schedule O.       13b       13c       13a         15       Enter the amount of reserves on hand       13b       13c       13c       14a       X         16       ti Yes," has it filed a Form 720 to report these payments? if "No," provide an explanation on Schedule O.       14b       14a       X         16       th organization subject t					
a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilitiles       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       12a       12a       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization is licensed to issue qualified health plans       13a       13a         14a       Did the organization is licensed to issue qualified health plans       13a       13a         14a       Did the organization subject to these payments? If "No," provide an explanation on Schedule O.       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the ye			100		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources       11b         cgainst amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13a       is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       X       13a       14a       X         14b       Idde organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Idde the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         14b       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X <td></td> <td></td> <td></td> <td></td> <td></td>					
13       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13b       11b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14b       Is the organization licensed to issue qualified health plans in more than one state?       13a         13b       13b       13a         14c       X       13b       13c         14b       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       X       13b       13c       13b       13c         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year?       14a       X         15       X       15       X       15       X         16       If "Yes," complete Form 4720, Schedule N.       15       X				1.1.1	
a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the Instructions for additional information the organization must report on Schedule O.       13b       13a         14a       X       13b       13c       14a         14a       X       14a       X         14b       13c       14a       X         14a       X       14a       X         14a       X       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         14b       15       Is the organization and file Form 4720, Schedule N.       15       Is the organization and file Form 4720, Schedule N.       16       X         15       Is the organization an educational institution subject to the section 496					
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       if "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         14       is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the Instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13b       13c       14a       X         b       if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       14b       15       X         if "Yes," see instructions and file Form 4720, Schedule N.       15       X       16       X         if "Yes," complete Form 4720, Schedule O.       14       14       X       16       X         if "Yes," complete Form 4720, Schedule O.       16       X       16       X       17         if "Yes," complet					
against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation or schedule O.       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X       16       X         17       "Yes," complete Form 4720, Schedule O.       16       X         16       X       16       X         17       Section 501(	_				
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       If "Yes," complete Form 4720, Schedule O.       17       17       17	α				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	19-		112a		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         15       If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       X       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17					
a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an exclese tax under section 4951, 4952 or 4953?       17			1		
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b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17	d		<u> </u>	1995	
the organization is licensed to issue qualified health plans       13b       13b       13c         c       Enter the amount of reserves on hand       13c       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities       17	h.				
c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17	'n				
14a       14a       14a         14a       14a       14a         14a       14a       14a         14a       16       14a         15       16       14b         15       15       15         16       15       15         17       16       16         17       16       17	~				
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         15       is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         16       is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities       17       17			14a		X
<ul> <li>15 If Tes, That it field a Form 720 to report field payment of a Form 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> <li>16 X</li> <li>16 X</li> <li>16 X</li> <li>17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities</li> <li>17 the imposition of an excise tax under section 4951, 4952 or 4953?</li> </ul>					
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Dld the trust, any disqualified or other person engage in any activities       17         17       Section 501(c)(21) organizations. Dld the trust, any disqualified or other person engage in any activities       17					
If "Yes," see instructions and file Form 4720, Schedule N.         16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         17       To the imposition of an excise tax under section 4951, 4952 or 4953?	10		15		х
16       X         16       X         16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         17       To the imposition of an excise tax under section 4951, 4952 or 4953?				1999) 1997	
If "Yes," complete Form 4720, Schedule O.         If "Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16				X
17       Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities         18       that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47				
	17		17		
			1997		$M_{\rm eff}$

### Form 990 (2022) ALLENTOWN RESCUE MISSION INC

23-6005983

31260A

Form 990 (2022)

Form	1990 (2022) ALLENTOWN RESCUE MISSION INC 23-6005983			Page 6
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee ins	tructic	ns.
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
þ	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 23		
2		2		x
	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			
3		3		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v
	one or more members of the governing body?	7a		<b>X</b> .
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<b>X</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	19975	iyarin.	20.2
а	The governing body?	<u>8a</u>	X	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ide.)</u>		
µ.,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Start	1.1.1.1	
12a		12a	X	
	Did the organization have a written conflict of interest policy? If No, go to line 13	12b	Х	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С		12c	х	
	describe on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	x	
14	Did the organization have a whiteh document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by			
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x	
a	The organization's CEO, Executive Director, or top management official	1	X	··
b	Other officers or key employees of the organization	15b	<u>^</u>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		2009) - 1999	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1973	15797)	153547
<b></b>	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, If applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DRENA CANELA 355 HAMILTON STREET			
		)-74(	0-5	500

Page 7

### Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. . List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (F) (D) (E) (B) (A) (do not check more than one Reportable Reportable Estimated amount Average Name and title box, unless person is both an compensation compensation of other hours officer and a director/trustee) from the from related сотрепsation per week organization (W-2/ organizations (W-2/ from the , (list any Officer nployee Tome Individual 1099-MISC/ 1099-MISC/ organization and stitutional hours for employee related organizations (099-NEC) 1099-NEC) related compensateo organizations trustee trustee below dotted ilne) (1) JOHN J. HINKLE 2.00 0 1,000 9,124 Х 1.00 Х PRESIDENT (2) STUART SMITH 2.00 0 9,124 1.00 Х х 1,000 VICE PRESIDENT (3) STUART SMITH 40.00 0 12,177 122,600 0.00 х CEO (4) TYLER POWELL 2,00 0 ............ 9,124 1.00 1,000 Х х SECRETARY (5) TOM GIBSON 2.00 0 2,200 9,124 1.00 Х X TREASURER (6) DAVE SCHENKEL 2.00 0 9,124 1,000 1,00 Х BOARD MEMBER (7) DAWN GILLEY 2.00 0 0 1,000 Х 1.00 BOARD MEMBER (8) DAVID STRAIN 40.00 0 5,516 0.00 Х 65,026 CONTROLLER (9) (10)(11)

23-6005983

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Form 990 (2022) ALLENTOWN RESCUE MISSION INC

Part VII

Form 990 (2022) ALLENTOWN	I RESCUE	M] sfee	SS S	SIO	N mnl	IN	C IS. 4	23-600 and Highest Compensated		Page 8
(A) Name end title	(B) Average hours	(d bo	o not x, unte	(Pos check ess pe	C) Ition more irson i	than o is both pr/trust	one I an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations betow dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
								· ·		
										. Jon 100 - 1 - 100
	. ,									
		<b>-</b>								
1b Subtotal								194,826	45,620	17,693
<ul> <li>c Total from continuation sheet</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of Individuals (in</li> </ul>	ets to Part VII, S	Secti mite	on /	۹	• • • •		•••	1.94,826 e) who received more than	<b>45,620</b> \$100,000 of	17,693
<ul> <li>reportable compensation from</li> <li>Did the organization list any for employee on line 1a? <i>If</i> "Yes,"</li> <li>For any individual listed on line</li> </ul>	ormer officer, dir	ector		stee suc	, key h índ	y em dividi	ploy Jal	ee, or highest compensate	d	Yes No 3 X
<ul> <li>For any individual listed on line organization and related organ <i>individual</i></li> <li>Did any person listed on line of the second s</li></ul>	nizations greater	thar	\$15	50,00	)0? J	f "Ye	s," (	complete Schedule J for su	ch	weather first con-
for services rendered to the o	rganization? If "Y	'es,"	com	plete	) Sci	hedu	ie J	for such person	<u></u>	5 X
Section B. Independent Contractor Complete this table for your fl compensation from the organi	ve highest comp zation. Report co	ensa ompe	ited Insat	inde ion i	pend or th	lent ( 1e ca	cont	lar year ending with or with	in the organization's tax yea	ir.
ฟสกาอ สหวั	(A) I business address			<u></u>				Descrip	(B) Boh of sarvices	(C) Compensation
					,					
2 Total number of independent received more than \$100,000	contractors (inclu of compensation	iding 1 froi	but m th	not e org	limit gani:	ed to zatior	) the 1	se listed above) who	0	

### Form 990 (2022) ALLENTOWN RESCUE MISSION INC Part VIII Statement of Revenue

## 23-6005983

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	dir v	Check i	f Sch	edule O cont	ains a	a response or note	to any line in th			<u></u>
							(A) Tolal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ts Star	1a	Federated cam	naions	1	1a	52,792				
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership du			1b					
O E	a	Fundraising eve	ants		10					
ar Is	ď	Related organiz			1d					
0,2	A	Government grants (			1e	53,920				
Suc.	f	All other contributions,	gifts, gri	ants,						
uti Thei		and similar amounts n			<u>1f</u>	3,059,787				
ËO	9	Noncash contributions lines 1a-1f	Nadaea		1a	\$ 448,786				
and Co.	h	Total. Add lines	s 1a1	f			3,166,499			
		······································				Business Code				terre alteration :
ø	2a	CLEAN TEAM	FEES	5			996,668	996,668		
Program Service Revenue	b									
Se	G					1			,	
am eve	d	• • • • • • • • • • • • • • • • • • • •								
0	e									
ρ.,	f	All other program								
	g	Total. Add lines	2a-2f	f			996,668	- Second to Solar		
	3	Investment Inco								
		other similar an	ounts)	)						
	4	Income from Inv	restme	nt of tax-exempt	bond	proceeds				
	5	Royalties								
				(I) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental inc. or (loss)	6c							
	d	Not rental incom	ie or (	loss)	, ,					
	7a	Gross amount from sales of assets		(I) Securities		(ii) Olher				
		other than inventory	7a			13,500				
en	b	Less: cost or other								
/en		basis and sales exps.	7b			10,798				
Re	C	Gain or (loss)	7c	l		2,702				
Other Revenue	d	Net gain or (loss	s) ,				2,702	2,702	a ta a ta a ta a ta ta ta ta ta	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
흉	8a	Gross Income from	n fundra	alsing events						
		(not Including \$								
		of contributions rep								
		1c). See Part IV, li	ne 18 <sub>.</sub>		8a	18,937				
		Less: direct exp			8b	12,772				
	¢	Net income or (	loss) fi	rom fundralsing	events		6,165		a statistica tradicitation at the	
	9a	Gross income fr	_							
		activities. See P			9a	<b></b>				
		Less: direct exp			9b				a de plante la place de trades	n and frank in an
		Net Income or (	•	-	rities .		a dagogi ng aga panana sa si si si si si			
	10a	Gross sales of I								
		returns and allo			10a					
		Less: cost of go			10b		- Watter and the state of the s		a na sangarang katang kata Ing katang kat	
<u> </u>	C	Net income or (	loss) fr	rom sales of inve	ntory					
ន						Business Code	00 000			
leot Je	11a			K-1, NET (202	( <u>3)</u>		20,088			20,088
Miscellaneous Revenue	þ	INTEREST I	ŅĊŎMĒ	K-1 (2023)	• • • • • •		144			144
Rev	C									
Ŵ	d	All other revenu					00.000		<u>Tan in an an</u>	Ang An Banaari
		Total, Add lines					20,232	000 270	<ul> <li>A standard stan Standard standard stan Standard standard stand Standard standard stand Standard standard stand Standard standard stand Standard standard stan Standard standard stand Standard standard stand Standard standard stand Sta</li></ul>	20 232
	12	Total revenue.	See ir	nstructions			4,192,266	999,370	0	20,232

Form 990 (2022)

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### Part IX Statement of Functional Expenses

23-6005983

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	Check if Schedule O contains a response	se or note to anv line in	this Part IX		
	ot Include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expanses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				- Stander State States and States
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members			AND	
	Compensation of current officers, directors,				
	trustees, and key employees	250,932		250,932	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,427,804	1,120,479	115,590	191,735
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	155,833	75,117	58,783	21,933 18,264
10	Payroll taxes	137,620	91,561	27,795	18,264
	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	126,423	21,958	55,715	48,750
	Advertising and promotion	127,534			127,534
	Office expenses	34,331	8,557	8,564	17,210
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
	Royalties				
	Occupancy	134,305	108,300	18,034	7,971
		3,876	567	3,106	203
18	Travel Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
21	Interest				
	Depreclation, depletion, and amortization	148,296	127,006	12,567	8,723
	Insurance	112,397	91,612	13,338	7,447
23	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	Ine 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	FOOD AND SUPPLIES	497,676	490,040	5,291	2,345
a h	TRANSPORTATION	41,441	41,441		
b	PAYMENTS TO OR ON BEHALF	37,552	33,920	14	3,618
c d	BANK CHARGES	26,653	187	25,907	559
	All other eventors	32,392	9,008	20,039	3,345
	All other expenses	3,295,065	2,219,753	615,675	459,637
	Total functional expenses. Add lines 1 through 24e	572357005	£72137133		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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### Form 990 (2022) ALLENTOWN RESCUE MISSION INC Part X Balance Sheet

га	HT )	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cashnon-interest-bearing	1,375,780	1	396,566
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	115,099	4	120,242
	5	Loans and other receivables from any current or former officer, director,			
	*	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		· · · · ·	
	Ŷ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
Ass			35,598	8	49.220
	8		10,673		<u>49,220</u> 6,055
	9	Prepaid expenses and deferred charges			
	iua	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a5,192,382Less: accumulated depreciation10b2,648,340	2,681,380	10c	2,544,042
	, b	Less: accumulated depreciation	2,001,000	11	2,011,012
- 1	11	Investmentspublicly traded securities			
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investmentsprogram-related. See Part IV, Ine 11		13	
'	14	Intangible assets	EET 170	14	ECT 000
·	15	Other assets. See Part IV, line 11	557,173	15	567,223
_ <u> </u> '	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,775,703	16	3,683,348
'	17	Accounts payable and accrued expenses	132,398	17	124,212
·   ·	18	Grants payable	· · · · · ·	18	
'	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities	07 01 5	20	00 100
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D	27,915	21	36,130
vg 1	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	and the second	5 T ( 5 S	n gala sanga na kara tahun tahun tahun tahun T
abi		controlled entity or family member of any of these persons		22	
<u>ا</u> ت	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties	~~~~~	24	
:	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	192,445	25	181,445
:	26	Total liabilities. Add lines 17 through 25	352,758	26	341,787
		Organizations that follow FASB ASC 958, check here X			
Sa		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	3,121,299	27	2,045,004
1	28	Net assets with donor restrictions	1,301,646	28	1,296,557
p		Organizations that do not follow FASB ASC 958, check here			
5 L		and complete lines 29 through 33.			
<b>be</b>			1		
	29	Capital stock or trust principal, or current funds	1	29	
4	29 30	Capital stock or trust principal, or current funds		29 30	
ssets	30	Paid-in or capital surplus, or land, building, or equipment fund			
Ass :			4,422,945	30	3,341,561

23-6005983

Form 990 (2022)

Fom	990 (2022) ALLENTOWN RESCUE MISSION INC 23-6005983			Pa	ge <b>12</b>
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		192,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		295,	
3	Revenue less expenses. Subtract line 2 from line 1	3		897,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,4	422,	945
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,9	978,	585
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3,3	341,	561
Pa	rt XII Financial Statements and Reporting				<b></b>
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			1.535	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[154 No.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.	5		48 - 63 B	1999 - 1999 -
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		- A. S	4 54 6	- Rein
b	Were the organization's financial statements audited by an Independent accountant?		<u>2</u> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				2012
	separate basis, consolidated basis, or both:			이 옷질	
	Separate basis X Consolidated basis Both consolidated and separate basis			N 1975	관계를
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compliation of its financial statements and selection of an independent accountant?		2c	X	1000
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		5,11 	a 363	i.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guldance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	L
			F	orm <b>99(</b>	) (2022)

SCHEDULE A	Pub	Public Charity Status and Public Support						
(Form 990)		-		147(a)(1) nonexempt charitable trust.	2022			
Department of the Treasury		Attach to Form 9	90 or Form 990-EZ		Open to Public			
Internal Revenue Service	Go to	www.irs.gov/Form990 for ins	tructions and the	latest information.	Inspection			
Name of the organization	ALLENTOWN RE	SCUE MISSION IN	ĩC	Employer identification 23-60059				
Part I Reaso			s must complete	this part.) See instructions	1			
The organization is not a 1 A church, com 2 A school desc 3 A hospital or a 4 A medical res- city, and state 5 An organization 5 A federal, stat 7 X An organization 6 X A community 9 An agricultural or university on university: 10 An organization receipts from a support from g acquired by th 11 An organization one or more pathe the support 12 An organization one or more pathe the support 13 Type II. A the support 14 Type II. A control or organization c Type II. A that is not requirement e Check this functionally f Enter the num	a private foundation becaus vention of churches, or as ribed in section 170(b)(1) a cooperative hospital serv earch organization operate : 	se it is: (For lines 1 through 12, sociation of churches desoribed (A)(ii). (Attach Schedule E (For ice organization described in se d in conjunction with a hospital of a college or university owned t ii.) governmental unit described in se substantial part of its support for complete Part II.) 170(b)(1)(A)(vi). (Complete Par scribed in section 170(b)(1)(A)( of agriculture (see instructions). ) more than 33 1/3% of its sup inpt functions, subject to certain and unrelated business taxable in 0, 1975. See section 509(a)(2) exclusively to test for public saf exclusively for the benefit of, to tons described in section 509(a) scribes the type of supporting o erated, supervised, or controlled wer to regularly appoint or elect complete Part IV, Sections A a pervised or controlled in conne- rting organization vested in the Part IV, Sections A and C. supporting organization operated structions). You must complete d. A supporting organization oper- e organization generally must si- nust complete Part IV, Section elved a written determination fro on-functionally integrated support	check only one box in section 170(b)(1) ection 170(b)(1)(A)( described in section or operated by a g section 170(b)(1)(A) om a governmental t II.) (Ix) operated in conj Enter the name, cli port from contributic exceptions; and (2) ncome (less section b) (Complete Part III ety. See section 50 granization and con d by its supported con a majority of the dia nd B. ction with its support same persons that d in connection with part IV, Sections parted in connection atisfy a distribution ns A and D, and P. com the IRS that it is	.) 1)(A)(i). 1)(A)(i). (iii). IIII). IIII). III). III). III). III). I	Ital's name,			
(A)		·····	Yes No					
(B)			<u> </u>					
(C)								
(D)					<u> </u>			
(E)								
Total								
For Paperwork Reduction	Act Notice, see the instruc	tions for Form 990 or 990-EZ,		Sche	dule A (Form 990) 2022			

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Schedule A (Form 990) 2022

Part II

### ALLENTOWN RESCUE MISSION INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,999,901	1,844,962	2,668,332	2,627,862	3,166,499	13,307,556		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	2,999,901	1,844,962	2,668,332	2,627,862	3,166,499	13,307,556		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
	shown on line 11, column (f)						581,831		
6	Public support. Subtract line 5 from line 4					an the contraction of the	12,725,725		
Sec	tion B. Total Support						<u></u>		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	2,999,901	1,844,962	2,668,332	2,627,862	3,166,499	13,307,556		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,089	15,823	15,108	11,141	2,702	46,863		
9	Net income from unrelated business activities, whether or not the business is regularly carried on			3,047	11,187		14,234		
10	Other Income, Do not include gain or loss from the sale of capital assets (Explain In Part VI.)			17,470	51,147		68,617		
11	Total support. Add lines 7 through 10						13,437,270		
12	Gross receipts from related activities, etc.	(see instructions)				12	3,878,937		
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	)(3)			
	organization, check this box and stop her								
Sec	tion C. Computation of Public Su	pport Percent	tage						
14	Public support percentage for 2022 (line 6,	column (f) divided	by line 11, colum	n (f))		14	94.70 %		
15	Public support percentage from 2021 Sche	dule A, Part II, lind	∋ 14				91.56 %		
16a	33 1/3% support test-2022. If the organi	zation did not cheo	ok the box on line	13, and line 14 is 3	33 1/3% or more, o	heck this	<b></b>		
	box and stop here. The organization qual	fles as a publicly s	supported organiza	tion		,,	X		
b	33 1/3% support test-2021. If the organ	ization did not cheo	ok a box on line 13	or 16a, and line 1	5 is 33 1/3% or m	ore, check	_		
	this box and stop here. The organization	qualifies as a publi	cly supported orga	inization		*   4 4   5   1 5 4 4 7 4 4 4 4 4 4 4	,, <i>.</i> ,		
17a	10%-facts-and-circumstances test-202	2. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is			
	10% or more, and if the organization meet	is the facts-and-cire	cumstances test, c	heck this box and	stop here. Explai	n In			
b	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain In Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported								
18	organization Private foundation. If the organization did Instructions	i not check a box c	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	90	Г		
							+ /m		

Schedule A (Form 990) 2022

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### ALLENTOWN RESCUE MISSION INC

23-6005983

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Part III

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		<b>.</b>					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities turnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities fumished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5			:				_,·
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disquatified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					and the second second second second	+	
С	Add lines 7a and 7b		lingung strategicker and			Harakatatat		
8	Public support, (Subtract line 7c from							
<u></u>	line 6.)				Birders ( States) bar		<u> </u>	
	tion B. Total Support dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	T	(f) Total
		(a) 2010	(6) 2010	(6) 2020	(4) 2021			
9	Amounts from line 6			<u> </u>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·						
c	Add lines 10a and 10b ,							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							<del></del>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)		······································		<u> </u>	L		
14	First 5 years. If the Form 990 is for the o							<b>r</b>
	organization, check this box and stop her	<u>e</u>	******	*****************				<u></u>
Sec	tion C. Computation of Public S							0/
15	Public support percentage for 2022 (line 8						15	<u>%</u> %
16	Public support percentage from 2021 Sch			<u> </u>		<u></u>	16	/0
	tion D. Computation of Investme						17	%
17	Investment income percentage for 2022 (						18	%
18	Investment Income percentage from 2021 33 1/3% support tests-2022. If the orga	Schedule A, Part II	i, iiiii 17	11 and line 15 le	more than 33 1/3		10 [	70
19a	33 1/3% support tests—2022. If the orga 17 is not more than 33 1/3%, check this b	anization ald not ch	The organization	and his as a multi multiples as a multipli	icly summited and	and		
h	17 is not more than 33 1/3%, check this b 33 1/3% support tests-2021. If the orga	on anu siup nere. Poizellon did not ch	eck a box on line f	4 or line 19a. and	line 16 is more the	an 33 1/3%. a	nd	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	line 18 is not more than 33 1/3%, check the	his box and ston h	ere. The ordanizat	ion qualifies as a	publicly supported	organization .		,,, <b>.</b> .
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	ions		

## Page 3

Page 4

## ALLENTOWN RESCUE MISSION INC

23-6005983

Pa	rt IV Supporting Organizations			
	(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, or			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and com	plete Part	<u>V.)</u>	<u> </u>
Sect	tion A. All Supporting Organizations		Г <u>.</u> .	T
		1.1.1.1.1.1	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			9955
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		1.11.14.14	199623
	class or purpose, describe the designation. If historic and continuing relationship, explain.	- <b>1</b> 	121111	MANGANA
2	Did the organization have any supported organization that does not have an IRS determination of status			空急的
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	15.25V	1992 y 1993 y 1993 y 19	
	organization was described in section 509(a)(1) or (2).	2	and the state	0.857
3a	Dld the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<u>A</u> lbei	1.1.1.1.1.1
	lines 3b and 3c below.	3a	- STREET	1000000
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ZHYS	271122	General States
	organization made the determination.	3b	New York	ana sa cara
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			in de la compañía de
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	- NAN SANA (A)	VAREN
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		ANY ST	- 3000-00-00-00-00-00-00-00-00-00-00-00-00
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4a</b>	A STATE AND A S	
b	DId the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	201940	N. 200 N - 202	1.00
	despite being controlled or supervised by or in connection with its supported organizations.	4b	1211111	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		ang dan tang	and we can
	purposes,	4c		1511-5-55
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	22423	(	114414-1
	was accomplished (such as by amendment to the organizing document).	<u>5a</u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u>1985)</u>	ES 63	
	designated in the organization's organizing document?	<u>5b</u>		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	2 N N N N N	no. Mara
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		1.1.1.1.1.1.1.1.
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		932 A.M.	NS 12473
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990).	7		5115111
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line		BN SSC	JAN NA
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		10031043
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		SAME A	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>		ज्य रहास्त
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which		949 (Sp	4884204
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Dld a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<b>9c</b>	1000000	-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	N.S.S.	NS40	- MARINE (
	supporting organizations)? If "Yes," answer line 10b below.	10a	A2574255	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1 1	<u>National</u>	essere
	defermine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022

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	die A (Folm aso) 2022	005983		Page 5
	t IV Supporting Organizations (continued)	····	Van	No
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	and the second second second second dependence of the second second second second second second second second s	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		- freeze	- 1997. 1997.
	provide detail in Part VI.	11c	<u> </u>	l
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majorily of the organization's off	Cera, Area		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	the		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	Х	
	Did the organization operate for the benefit of any supported organization other than the supported	18 M.		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		х
Secti	Ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1.1		1983) (1993) (1993)
	the supported organization(s).	1		
Sect	on D. All Type III Supporting Organizations			
		[	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (I) a written notice describing the type and amount of support provided during the prior tax			
	year, (il) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			10000
2	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, dld the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructions,		
2	Activities Test. Answer lines 2a and 2b below.	1745	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.	40		33340
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2b		
-	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1616
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
ь.	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
DAA	U is supported diganizations in rest describe in rait of the follo payed by the organization in the regards	Schedule /	A (Form	990) 2022

Schedule A (Form 990) 2022 ALLENTOWN RESCUE MISSION	INC	23-6005	983 Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o	n Nov. 20,	1970 (øxplain in Part VI). S	See
instructions. All other Type III non-functionally integrated supporting organizations	must com	plete Sections A through E	£
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital galn	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see Instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see Instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
Instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use, Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income fax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ated Type I	I supporting organization	
(see instructions).	· · · ·		Schedule A (Form 990) 202

Schedule A (Form 990) 2022

Schedule A (	(Form 990) 2022	

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n D – Distributions				
				Current Year
Amounts paid to supported organizations to accomplish exempt p	Iposes		1	
Amounts paid to perform activity that directly furthers exempt purp				
organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt purposes of a	upported organizations		3	
			4	
	details in Part VI)		5	
			6	
			7	· · · · · · · · · · · · · · · · · · ·
	inization is responsive		8	
	/ <u></u>			
			9	
			10	
	(i)	(ii)		(iii)
n E – Distribution Allocations (see Instructions)	Excess Distributions	Underdistribution	s	Distributable
•		Pre-2022		Amount for 2022
Distributable amount for 2022 from Section C, line 6			9993 9993	
Underdistributions, if any, for years prior to 2022				
reasonable cause required-explain in Part VI). See				
			595 C	
•				
	BEAM AND DATES AND			
· · · ·				
			<u> 1997</u>	
Excess from 2021				
Excess from 2022				
	Diher distributions (describe in Part VI). See Instructions.         Fotal annual distributions. Add lines 1 through 6.         Distributions to attentive supported organizations to which the orgation of the end of	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)         Other distributions (describe in Part VI). See instructions.         Fotal annual distributions. Add lines 1 through 6.         Distributions to attentive supported organizations to which the organization is responsive         provide details in Part VI). See instructions.         Distributable amount for 2022 from Section C, line 6         Line 8 amount divided by line 9 amount         (i)         Excess Distribution Allocations (see Instructions)         Distributable amount for 2022 from Section C, line 6         Inderdistributions, if any, for years prior to 2022         reasonable cause required-explain in Part VI). See         nstructions.         rom 2019.         rom 2019.         rom 2020.         rom 2021.         Total of lines 3a through 3e         Applied to underdistributions of prior years         Applied to underdistributions of prior years         Applied to underdistributions for prior years         Applied to underdistributions of prior years         Applied to underdistributions for prior years         Applied to underdistributions for years prior to	Qualified set-aside amounts (prior IRS approval required—provide details in Part V)         Other distributions. (describe in Part V), See Instructions.         Ordal annual distributions. Add lines 1 through 6.         Distributions to attentive supported organizations to which the organization is responsive provide details in Part V). See Instructions.         Distributions to attentive supported organizations to which the organization is responsive provide details in Part V). See Instructions.         Distribution Allocations (see Instructions)         Excess Distributions         Ine B amount divided by line 8 amount         Ine C Distribution Allocations (see Instructions)         Excess Distributions, if any, for years prior to 2022 (reasonable cause required—explain in Part V). See Instructions.         Provide details in Part V).         Secoss distributions carryover, if any, to 2022         Torm 2019.         Torm 2019. <td>Vinduits pair to add anothic fort IRS approved required—provide details in Part VI)         5           Other distributions (desarble in Part VI). See Instructions.         6           Fotal annual distributions. Add lines 1 through 6.         7           John distributions. Add lines 1 through 6.         7           John distributions. Add lines 1 through 6.         7           John distributions (desarble in Part VI). See instructions.         9           John B anount (for 2022 from Section C, line 6         9           Jine B anount (for 2022 from Section C, line 6         9           Jinderdistributions (asserption for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderidistributions (for 2022 from Section C, line 6</td>	Vinduits pair to add anothic fort IRS approved required—provide details in Part VI)         5           Other distributions (desarble in Part VI). See Instructions.         6           Fotal annual distributions. Add lines 1 through 6.         7           John distributions. Add lines 1 through 6.         7           John distributions. Add lines 1 through 6.         7           John distributions (desarble in Part VI). See instructions.         9           John B anount (for 2022 from Section C, line 6         9           Jine B anount (for 2022 from Section C, line 6         9           Jinderdistributions (asserption for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderdistributions (for 2022 from Section C, line 6         9           Jinderidistributions (for 2022 from Section C, line 6

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23-6005983

Schedule A (Fo	m 990) 2022	ALLENTOWN	RESCUE	MISSION	INC	23-6005983	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Provide IV, Section A, lines 1, Part IV, Section C, li	the explana 2, 3b, 3c, 4 ne 1; Part IV stion B, line	ations required lb, 4c, 5a, 6, 5 /, Section D, 1e; Part V, Se	by Part II, li 9a, 9b, 9c, 11 lines 2 and 3 ection D, lines	ne 10; Part II, line 17a or a, 11b, and 11c; Part IV, ; Part IV, Section E, lines s 5, 6, and 8; and Part V, e Instructions.)	Section 1c, 2a, 2b,
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PART	TY DINE TO				****		
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						•••••••••••••••••••••••••••••••••••••••	
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	HEDULE D rm 990)	Supplemental	Financial Statements tion answered "Yes" on Form 990,	-	OMB No. 1545-0047			
•		Part IV, line 6, 7, 8, 9, 10, 11		Open to Public				
	ment of the Treasury I Revenue Service		to Form 990. In instructions and the latest information	on.	Inspection			
Name	of the organization			Employer Identificatio	n number			
				00 000500	0			
	LLENTOWN RES	CUE MISSION INC	de an Ollean Similar Franks en	<u>23-600598</u>	3			
Pa	irt I Organizat	tions Maintaining Donor Advised Fur If the organization answered "Yes" on I	form 990 Part IV line 6.	Accounts.				
·	Complete	in the organization answered Teo on t	(a) Donor advised funds	(b) Funds and	l other accounts			
1	Total number at end of	f year			m			
2	Aggregate value of cor	ntributions to (during year)						
3		ants from (during year)						
4	Aggregate value at end	l of year						
5		form all donors and donor advisors in writing that						
	funds are the organization's property, subject to the organization's exclusive legal control?							
6		form all grantees, donors, and donor advisors in						
	•	oses and not for the benefit of the donor or dono						
		le privale benefit? tion Easements.	********					
1.9	Complete	if the organization answered "Yes" on F	orm 990. Part IV. line 7.					
1		ation easements held by the organization (check			,			
•		d for public use (for example, recreation or educ		Important land area	l .			
	Protection of natura		Preservation of a certified his					
	Preservation of ope		·					
2	Complete lines 2a throu	ugh 2d if the organization held a qualified conse	vation contribution in the form of a conse	rvation				
	easement on the last d				e End of the Tax Year			
а		rvation easements						
b		d by conservation easements						
c		n easements on a certified historic structure inclu		. 20				
ď		n easements included in (c) acquired after July 2		0.4				
	historic structure listed	in the National Register	have been an experimental by the preserve	2d				
3		n easements modified, transferred, released, ext	inguished, of terminated by the organizat					
A	lax year	e property subject to conservation easement is I	ocated					
4 5		have a written policy regarding the periodic mon						
5		nent of the conservation easements it holds?	toring independent including of		Yes No			
6		ins devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation ea	asements during the	e year			
-				-	·			
7	Amount of expenses in	curred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easem	ents during the yea	ar'			
8	Does each conservation	n easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)	)				
	and section 170(h)(4)(E	B)(li)?			Yes No			
9		ow the organization reports conservation easeme						
		lude, if applicable, the text of the footnote to the	organization's financial statements that o	escapes the				
Do		ng for conservation easements. ions Maintaining Collections of Art,	Historical Treasures or Other !	Similar Assets				
-ra	Complete i	if the organization answered "Yes" on F	orm 990, Part IV, line 8.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1.9		ted, as permitted under FASB ASC 958, not to r		e sheet works				
10	of art, historical treasure	es, or other similar assets held for public exhibit	on, education, or research in furtherance	of public				
		XIII the text of the footnote to its financial state						
b		ted, as permitted under FASB ASC 958, to repo		neet works of				
	art, historical treasures,	, or other similar assets held for public exhibition	, education, or research in furtherance of	public service,				
		mounts relating to these items:						
	(i) Revenue Included of	on Form 990, Part VIII, line 1		•••••••	• • • • • • • • • • • • • • • • • • • •			
	(ii) Assets included in	Form 990, Part X			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2	If the organization rece	ived or held works of art, historical treasures, or	other similar assets for financial gain, pro	wide the				
		Ired to be reported under FASB ASC 958 relatin		¢.				
a	Revenue included on F	Form 990, Part VIII, line 1		····· \$ ·····				
b For l	Assets included in Form	n 990, Part X Act Notice, see the Instructions for Form 990.	*****		ule D (Form 990) 2022			
POF I DAA	abatmore transmost b	TO TOTION SO THE HEAD COULD BE TOTING SO		49410VI				

Schedule D (Form 990) 2022 ALLENTO	IN RESCUE M	ISSION INC		23-60059		Page 2
Part III Organizations Maintainin 3 Using the organization's acquisition, access	ng Collections of	Alt, HISTORICAL	ollowing that	<u>UI UIIIel Jilli</u> meka significant u	nal Assels	
collection items (check all that apply):						
a Public exhibition	d	Loan or exchange p Other	rogram			
b Scholarly research	e	Other				
c Preservation for future generations	11 12			la account putman	In Dorf	
4 Provide a description of the organization's XIII.	collections and explai	n now they turther the	e organization	's exempt purpose		
5 During the year, did the organization solic						
assets to be sold to raise funds rather tha		part of the organizati	on's collection	<u>?</u>		Yes No
Part IV Escrow and Custodial				0		
Complete if the organization 990, Part X, line 21.					an amount	
1a is the organization an agent, trustee, cust						Yes X No
included on Form 990, Part X?	and any first the states of					
b If "Yes," explain the aπangement in Part X	an and complete the r	unowing lable.				Amount
c Beginning balance					1c	
d Additions during the year					.1d	
e Distributions during the year					1e	
f Ending balance					_1f	
2a Did the organization include an amount on	Form 990, Part X, Iln	e 21, for escrow or cu	ustodial accou	nt liability?		X Yes No
b If "Yes," explain the arrangement in Part X	III. Check here if the e	explanation has been	provided on P	art XIII		X
Part V Endowment Funds.			ant IV line	10		
Complete if the organization			art IV, line (c) Two ya		iree years back	(e) Four years back
the matching of the statement	(a) Current year	(b) Prior year		ans back (u) tr	Neo yoors onon	753,808
1a Beginning of year balance					······	100/000
<ul> <li>b Contributions</li> <li>c Net investment earnings, gains, and</li> </ul>				······	<u></u>	
losses						
d Grants or scholarships					· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e Other expenditures for facilities and						
programs						753,808
f Administrative expenses						
g End of year balance	L					
2 Provide the estimated percentage of the co		e (line 1g, column (a)	) neid as:			
a Board designated or quasi-endowment	70					
c Term endowment %	<u>u</u>					
The percentages on lines 2a, 2b, and 2c s	hould equal 100%.					
3a Are there endowment funds not in the pos		ation that are held an	d administere	d for the		
organization by:	-					Yes No
(i) Unrelated organizations						3a(l) X
(II) Related organizations						3a(ii) X
b If "Yes" on line 3a(ii), are the related organ						3b
4 Describe in Part XIII the intended uses of		owment tunds.				
Part VI Land, Buildings, and Eq Complete if the organization		' on Form 990 P:	art IV. line '	11a. See Form	990. Part )	(, line 10,
Description of property	(a) Cost or other		other basis	(c) Accumulat	1	(d) Book value
	(investment)		her)	depreciation		
1a Land			14,640			14,640
b Bulldings		4,2	279,499	1,910	,107	2,369,392
c Leasehold improvements					<u> </u>	
d Equipment			791,853		,638	<u>145,215</u> 14,795
e Other			L06,390		,595	2,544,042
Total. Add lines 1a through 1e. (Column (d) mus	а едина <i>гол</i> т 990, Рай	т л, сошпа (B), IПӨ 🗌	1004	*****	<u></u>	LIJIIIUMA

Schedule D (Form 990) 2022

Page 3

### Schedule D (Form 990) 2022 ALLENTOWN RESCUE MISSION INC

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

23-6005983

(a) Description of security or calegory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	411	
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(P)		
(E)		
(F)		
(H)		
Total (Column (h) must equal Form 990 Part X col. (B) line 12.)		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of Investment	(b) 8ook value	(c) Method of valuation: Cost or end-of-year market value
(1)	······································	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		li in the almost of the almost o
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)		Repeated a concerning fraction of the point of the property of the

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

		(a) Description			(b) Book value
(1) INVEST	MENT IN	OUTSIDE	PERPETUAL	TRUS	567,223
(2)					
(3)					
(4)		·····			
(5)					
(6)					
(7)			A		······································
(8)					
(9) Total, (Column (b) must equal Form 990,	Part X. col. (B	) Ilne 15.)			567,223

### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book valua
(1) Federal income taxes	101 445
(2) ANNUITIES PAYABLE	181,445
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	181,445

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

chodulo	D (Form 990) 2022 ALLENTOWN RESCUE MISSION INC		23-600598	3	Page 4
Part X	Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, F				4,245,765
	al revenue, gains, and other support per audited financial statements		* : • • • • • • • • • • • • • • • • • •		
		2a			
	unrealized gains (losses) on investments		43,449		
	ated services and use of facilities	·	10/110		
	overles of prior year grants		10,050		
	er (Describe in Part XIII.)			2e	53,499
	lines 2a through 2d			3	4,192,266
	tract line 2e from line 1	1	**********		
	stment expenses not included on Form 990, Part VIII, line 7b	4a			
	er (Describe in Part XIII.)				
		ومروا والمتنتيب المراو		4c	
5 Tota	lines 4a and 4b I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,192,266
Part X	Reconciliation of Expenses per Audited Financial Staten	ients Wit	h Expenses per l	Return	
E-641 K 274	Complete if the organization answered "Yes" on Form 990, F	art IV. lin	e 12a.		
1 Tota	expenses and losses per audited financial statements			1	5,327,149
	bunts included on line 1 but not on Form 990, Part IX, line 25:				
	ated services and use of facilities	2a	43,449		
	· year adjustments				
	Proses				
	r (Describe in Part XIII.)		1,988,635		
	lines 2a through 2d			2e	2,032,084
	ract line 2e from line 1			3	3,295,065
	unts included on Form 990, Part IX, line 25, but not on line 1:				
	stment expenses not included on Form 990, Part VIII, line 7b	4a			
	r (Describe in Part XIII.)				
	lines 4a and 4b			4c	
5 Tota	l expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,295,065
Part X	Supplemental Information.				····
Part XI, PART	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide IV, LINE 2B – ESCROW LIABILITY ARRANGE MISSION ACTS AS CUSTODIAN OF FUNDS FOR	any additio MENT I	nal information. EXPLANATION		
PART	XI, LINE 2D - REVENUE AMOUNTS INCLUDED	IN FJ	NANCIALS -	OTHE	R
CHAN	GE IN VALUE OF PERPETUAL TRUSTS		\$		10,050
				OTT	IFD
	XII, LINE 2D - EXPENSE AMOUNTS INCLUDE		Ś		30,949
CHAN			۲۲ خ		
TRAN	SFERS TO FOUNDATION		· · · · · · · · · · · · · · · · · · ·		.,957,686
				•••••	

Schedule D (	Form 990) 2022	ALLENTOWN	RESCUE	MISSION	INC	23-6005983	Page 5
Part XIII	Supplemen	tal Information	(continued)				
						*****	*****
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SCHEDULE G (Form 990)	lon answered "Yes' n entered more tha	'on I п \$15	°orm 9 ,000 a	draising or Gaming 990, Part IV, line 17, 18, or 1 91 Form 990-EZ, line 6a.	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	Go to www.in	Attach to Form s.gov/Form990 for	n 990 Instri	or Foi iction	rm 990-EZ. s and the lalest information	ı	Open to Public
Name of the organization						Employer Identificat	
AL	LENTOWN RESCUE M	ISSION IN	C			23-60059	
Part I Fundraisi	ng Activities. Complete if EZ filers are not required to	the organizatio	n ar ; bai	iswei t.	red yes on Ponn 9:	o, ran iv, ine	17,
	rganization raised funds through a				Check all that apply.		
a 🗌 Mall solicitations		e Solicitation	ofno	on-go\	vernment grants		
b 🗌 Internet and email	solicitations	f Solicitation	of go	vemn	nent grants		
c Phone solicitations	•	g 🔲 Special fun	drals	ng ev	rents		
d 🗌 In-person solicitati	ons						
or key employees lister b  f "Yes," list the 10 high	ave a written or oral agreement w d in Form 990, Part VII) or entity 1est paid individuals or entities (fu	in connection with	profe	ession	al fundraising services?		Yes No
compensated at least s	5,000 by the organization.	I	(11) 0	id fund-		(v) Amount paid to	(vi) Amount paid to
••	address of Individual y (fundralser)	(II) Activity	cust con	r have xdy or rol of utions?	(iv) Gross receipts from activity	(or relained by) fundraiser listed in col. (I)	(or retained by) organization
			ļ	No			
1							
2		-					
3							
U .							
4							
5							<u></u>
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6							
7					······································		
8							
9							
10							
3 List all states in which registration or licensing	the organization is registered or il J.	censed to solicit o	ontrib	utione	s or has been notified it is	exempt from	
	*****					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		••••••••••••••••••	••••		•••••••••••••••••••••••••••••••		
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For Paperwork Reduction /	Act Notice, see the instructions	for Form 990 or	990-I	Z,		Schedu	le G (Form 990) 2022

		e G (Form 990) 2022	ALLENTOWN RESCUE vents. Complete if the organ	MISSION INC	23-6005983	Page 2
Ρ	art	than \$15,000 of	fundraising event contribution preater than \$5,000.	ons and gross income on Fe	orm 990-EZ, lines 1 and	d 6b. List events with
		giosa receipta y	(a) Event #1	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add coi, (a) ihrough col. (c))
Revenue		Gross receipts	18,937			18,937
		Less: Contributions Gross income (line 1 minus line 2)	18,937			18,937
		Cash prizes				
S		Noncash prizes				· · · · · · · · · · · · · · · · · · ·
Direct Expenses		Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	12,772			12,772
	11	Not income summany Su	Add lines 4 through 9 in column (c btract line 10 from line 3, column (c	£)		<u>12,772</u> <u>6,165</u>
P	art		plete if the organization ansv rm 990-EZ, line 6a.	vered "Yes" on Form 990, F	art IV, line 19, or report	
ne				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Reven			(a) Bingo	bingo/progressive bingo		col. (a) inrough col. (c))
Revenue	1	Gross revenue	(n) Bingo	blngo/progressive blngo		
			(n) Bingo	blngo/progressive blngo		
Expenses	2 3	Cash prizes	(n) Bingo	blngo/progressive blngo		
	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(n) Bingo	blngo/progressive blngo		
Expenses	2 3 4 5	Cash prizes	(n) Bingo	bingo/progressive bingo	Yes % No	
Expenses	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes	Yes % No	Yes % No	col. (a) through col. (c))
Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	Yes	Yes	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summ fer the state(s) in which the the organization licensed to No," explain:	Yes% No Add lines 2 through 5 in column (c	Yes	Yes % No	col. (a) through col. (c))

..... .....

Sche	edule G (Form 990) 2022 ALLENTOWN RESCUE MISSION INC 23-6005983	Page	3
11	Does the organization conduct gaming activities with nonmembers?	Yes I	No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	[]	
	formed to administer charitable gaming?	Yes [] I	No
13	Indicate the percentage of gaming activity conducted in:	نه   موار	6
а	The organization's facility		6
b	An outside facility		<u> </u>
14			
	records:		
	Name	*****	
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	Yes II	No
	revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the		110
b	amount of gaming revenue retained by the third party \$		
с	if "Yes," enter name and address of the third party:		
C			
	Name		
	Address		
16	Gaming manager information:		
	Name		
		,,,,	
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
17 a	is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes []	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year \$	ind (v): and	
Pa	<b>Supplemental</b> Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional Informational Information (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable.	nation.	
	See instructions.		
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		dule G (Form 990) 20	122

Schedule G (Form 990) 2022

SCHEI	DULE	М
(Form	990)	

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990,

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.lrs.gov/Form990 for instructions and the latest information.

Open To Public Inspection Employer identification number

23-6005983

### ALLENTOWN RESCUE MISSION INC

	art I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determin noncash contribution a			
1	Art — Works of art							
2	Art Historical treasures		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
5								
6	goods Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
	Securities Closely held stock							
10	Securities — Partnership, LLC,				·····			
11	-							
	or trust interests			· · · · · · · · · · · · · · · · · · ·				<b></b>
12	Securilles — Miscellaneous			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
13	Qualified conservation							
	contribution — Historic structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate — Residential							
16	Real estate - Commercial							
17	Real estate - Other			······				
18								
19	Collectibles	X	1	448,786				
20	Food Inventory Drugs and medical supplies						**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				<u></u>				
21	Taxidermy	······		· ·····				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
22	Historical artifacts			····			<u> </u>	
23	Scientific specimens							
24	Archeological artifacts		······					
25	Other ()							
26	Olher ()		<u></u>					
27	Olher ()			~~~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
28	Other ( ) Number of Forms 8283 received by	L		- for contributions for				
29					29			
	which the organization completed Fo	om 8283,	Part V, Donee Acknowle	agement			Yes	No
				www.weeterd.lo.Dorf I. Bron	1 through	<u> (23)</u>		
30a	During the year, did the organization	receive by	contribution any proper	ly reponed in Pan I, intes				
	28, that It must hold for at least 3 ye							Х
	used for exempt purposes for the er		g period?			JUA	1222	
þ	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac					8839 •	2022	v
	contributions? Does the organization hire or use th					., <u>31</u>		X
32a	Does the organization hire or use th	Ird parties	or related organizations	to solicit, process, or sell r	ioncash			v
	contributions?					<u>32a</u>	-100	X
b	lf "Yes," describe in Part II.							

describe in Part II. For Paperwork Reduction Act Notice, see the instructions for Form 990.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2022

OMB No. 1545-0047

2022

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31250A	
Page <b>2</b>	

Schodulo M (Ed	orm 990) 2022 ALI	FINTOWN R	ESCUE	MISSION	TNC	2	3-6005983		Page 2
Part II	Supplemental	Information.	. Provide in Part I,	the informatio column (b), tl	n required	by Part I, I of contribu	nes 30b, 32b, an tions, the number	d 33, and whethe of Items received	r
		off di bouit 1 in	<u>o oompr</u>						
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SCHEDULE O	Supplemental Information to Form 990 or 99	0-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific question	ons on	2022
	Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or Form 990-EZ.	•	Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employar Identi	Inspection
Name of the organization	LLENTOWN RESCUE MISSION INC	23-6005	
* *************************************	ART III, LINE 4D - ALL OTHER ACCOMPLISHMEN	rs	
	RT VI, LINE 11B - ORGANIZATION'S PROCESS		
FORM 990, PA THE CONFLICT	RT VI, LINE 12C - ENFORCEMENT OF CONFLICT OF INTEREST POLICY IS REVIEWED REGULARY		SETINGS.
FORM 990, PA THE BOARD RE OTHER ORGANI DECISION IS	ZATIONS OF SIMILIAR SIZE. THERE IS A DELI		DATA OF
FORM 990, PA			
THE BOARD RE	VIEWS THE COMPENSATION OF KEY EMPLOYEES U	SING COMPAR	ABLE DATA
OF OTHER ORG	ANIZATIONS OF SIMILIAR SIZE. THERE IS A D	ELIBERATION	AND A
FORM 990, PA	ART VI, LINE 19 - GOVERNING DOCUMENTS DISC	LOSURE EXPI	LANATION
THE GOVERNIN	G DOCUMENTS, CONFLICT OF INTEREST POLICY	AND FINANCI	(AL
	OF THE ORGANIZATION ARE MADE AVAILABLE TO	THE PUBLIC	UPON
REQUEST .	DE VI TIME O OFFUED CUANCES IN NET ASSE		

 FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

 Schedule O (Form 990) 2022

	Employer identification number
Schedule O (Form 990) 2022 Name of the organization ALLENTOWN RESCUE MISSION INC	23-6005983
CHANGE IN VALUE OF PERPETUAL TRUSTS	\$ 10,050
CHANGE IN ANNUITY VALUE	\$ -30,949
TRANSFERS TO FOUNDATION	\$ -1,957,686
TOTAL	\$ -1,978,585
• • • • • • • • • • • • • • • • • • • •	
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	PAGE 1 OF 1

SCHEDULE R (Form 990) (Form 990) Attach to Form 990, Part IV, line 33, 34, 35b, 36, or 37.	Related Organizations and Unrelated Partnerships a if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3 Attach to Form 990.	Unrelated F Form 990, Part IV, m 990.	<b>2 artnerships</b> line 33, 34, 35b, 3	6, or 37.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Go to <i>WWW.ifS.go</i>	Go to www.irs.gov/Form990 for instructions and the latest information.	ctions and the lat	est information.			upen to rublic Inspection
Name of the organization ALLENTOWN RESCUE MISSION INC					Employer identification 23-6005983	Employer identification number 23-6005983
Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990,	ganization answe	red "Yes" on Fo		Part IV, line 33.		
(a) Name, address, and EIN (ff applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ALLENTOWN RESCUE MISSION WORKFORCE 355 HAMILTON STREET 26-2807705 ALLENTOWN PA 18101	TRAINING	च य				N/A
ALLENTOWN RESCUE MISSION CLEAN TEAM 355 HAMILTON STREET 26-2749981 ALLENTOWN PA 18101	TRAINING	PA PA				A/A
EUTURE OF THE AL. TON STREET PA	RENTAL REA	PA				A/A
AEM EVENTS, LLC 355 HAMILTON STREET ALLENTOWN PA 18101	EVENTS	PA				N/A
Partile Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	omplete if the org ax year.	anization answe	ered "Yes" on Fo	orm 990, Part IV	/, line 34, becau	ise it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
ALLENTOWN RESCUE MISSION FOUNDATION 355 HAMILTON STREET ALLENTOWN PA 18101	CHARITABLE	PA	501C3	ЪЕ	N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Sche	Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 Part III dentificati	m 990) 2022 ALLENTOWN RESCUE MISSION INC 23-6005983 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	ALESTION INC ons Taxable a rganizations tre	as a P	23-60 artnership. is a partners	23-6005983 rship. Complete if the arthership during the	e organization tax year.	answered "Yes" (	on Form 9	90, Part IV, line	e 34,	Page 2
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(ସ) Diract controlling entity	(e) Predominant Income (related, uncrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.? Yes No	(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	() General or maneging partner? Ves No	(K) Percentage ownership
Ð											
(2)											
(8)											
(4)											
Part IV Ide	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ons Taxable	as a C ations	orporation freated as a	or Trust. Com corporation or	plete if the on trust during th	ganization answei he tax year,		on Form 990, Part IV,	art IV,	-
Name, a	(a) Name, address, and EIN of related organization	(b) Primary activity	e	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage owmership	() Section 512(b)(13) controlled entity?
()											Yes No
(Z)											
(3)		·									
(4)											
DAA		-	-	-					Schedul	le R (Fon	Schedule R (Form 990) 2022

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more relat	with one or more related organizations listed in Parts II-IV?	ı Parts I⊢IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royatties, or (iv) rent from a controlled entity			1a	X
b Gift, grant, or capital contribution to related organization(s)			15	×
c Gift, grant, or capital contribution from related organization(s)			1c	x
d Loans or loan guarantees to or for related organization(s)			1d	X
e Loans or loan guarantees by related organization(s)			1.	×
f Dividends from related organization(s)	* * * * * * * * * * * * * * * * * * *		11	×
g Sale of assets to related organization(s)			<sup>2</sup>	×
h Purchase of assets from related organization(s)			41	×
i Exchange of assets with related organization(s)			11	×
j Lease of facilities, equipment, or other assets to related organization(s)			1	×
k Lesse of facilities. equipment, or other assets from related organization(s)			4	×
Performance of services or membership or fundraising solicitations for related organization(s)	*** * * * * * * * * * * * * * * * * * *		1	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	*** *** *** * * * * * * * * * * * * * *		1n 1n	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	***		10	×
	, , , , , , , , , , , , , , , , , , , ,			1 :
p Reimbursement paid to related organization(s) for expenses			2	
		**********	10	×
	- - - - - - - - - - - - - - - - - - -	* * * * * * * * * * * * * * * * * * * *		
I outer liaised of cash of property to reaced organization(s)				* ×
If the answer to any of the above is "Yes," see the instructions for information on w	line, including covered n	tro must complete this line, including covered relationships and transaction thresholds.	· · · · · · · · · · · · · · · · · · ·	
	4		(P)	
Name of related organization	Transaction type (a-s)	Amount involved	Nethod of determining amount involved	ved
(1) ALLENTOWN RESCUE MISSION FOUNDATION	ß	1,957,686	AMOUNT OF CASH TRANS	TRANSFERRE
(2) ALLENTOWN RESCUE MISSION	Я	1,957,686	AMOUNT OF CASH TRANS	TRANSFERRE
(3)				
(4)				ŧ
(2)				
(9)				
			Schedule R (Form 990) 2022	TH 990) 2022

	autor. See instructions regarding accusation for cartain investment jantament jantamen	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	through which the	plete if the organization	conducted r	fion ansv more than	wered "Yes" c	n Form 990, s activities (mea	Part IV, lir sured by tota	le 37. I assets		
(i) (i) Ci Ceneral or managing edute K-ri Ti 1065) III 10655		revenue) that was not a related organization. See instructions	regarding exclusio	n for certain i	investment	partnership	S,					
Control	Control         Sector         Image: Sector	(a) Name, address, and EIN of entity	(b) (c) Primary activity Leg domi (stata	(a) (a) Predomir forme (r income (r e or unrelated, e from tax u	nant Are all alated, Scot excluded 501	(e)   partners sction 1(c)(3) zzations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—JBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or martaging partner?	(k) Percentage ownership
			Soun	)		No			E			
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	Schedule R (Form 300)     Schedule R (Form 300)											
	Schedule R (Form 390) 2023											
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	Schedule R (Form 930) 2022								~			
	Schedule R (Form 380) 2023											
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	Schedule R (Form 930) 2022											
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Schedule R (Form 990) 2022 ALLENTOWN RESCUE MISSION INC

Schedule R (	Form 990) 2022	ALLENTOWN	RESCUE	MISSION	INC	23-6005983	Page 5
Part VII	Supplement Provide addi	tal Information.	for respon	ses to questic	ons on Sch	nedule R. See instructions.	
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